

**Part B - FEE(S) TRANSMITTAL**

Complete and send this form, together with applicable fee(s), to: **Mail** Mail Stop ISSUE FEE  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
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eFile

<b>INSTRUCTIONS:</b> This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advanced orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.		Note: A certificate of mailing below can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.	
<b>CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)</b>  <div style="text-align: center;"> <b>JONES DAY</b>                  222 East 41st Street                  New York, NY 10017-6702             </div>		<b>Certificate of Mailing or Transmission</b> I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for express mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.	
_____ (Depositor's name) _____ (Signature) _____ (Date)			
<b>APPLICATION NO.</b>	<b>FILING DATE</b>	<b>FIRST NAMED INVENTOR</b>	<b>ATTORNEY DOCKET NO.</b>
10/692,785	10/27/2003	Egisto Boschetti	9676-314-999
<b>CONFIRMATION NO.</b>		1038	

**TITLE OF INVENTION:** POLYVINYL ALCOHOL MICROSPHERES AND INJECTABLE SOLUTIONS OF THE SAME

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	No	\$1510 (large)	\$300.00	\$1,810.00	12/29/2008

EXAMINER	ART UNIT	CLASS-SUBCLASS	
JONES, DAMERON LEVEST	1618	424-001290	

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|--|---|
| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).<br><input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.<br><input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. <b>Use of a Customer Number is required.</b> | 2. For printing on the patent front page, list<br>(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,<br>(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. |
|--|---|

- |    |           |
|----|-----------|
| 1. | Jones Day |
| 2. | _____     |
| 3. | _____     |

**3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)**

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE: BioSphere Medical, S.A.	(B) RESIDENCE: (CITY and STATE OR COUNTRY) Louvres, France
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Please check the appropriate assignee category or categories (will not be printed on the patent):

☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:  <input checked="" type="checkbox"/> Issue Fee  <input checked="" type="checkbox"/> Publication Fee (No small entity discount permitted)  <input checked="" type="checkbox"/> Advance Order - # of Copies <u>5</u> (5 x \$3.00 = \$15.00)	4b. Payment of Fee(s):  <input checked="" type="checkbox"/> Payment by EFS-Web  <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.  <input checked="" type="checkbox"/> The Director is hereby authorized to charge underpaid fee(s), or credit any overpayment, to Deposit Account Number 50-3013.
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**5. Change in Entity Status** (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☒ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant, a registered attorney or agent, or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

(Authorized Signature)	(Date) <u>Dec. 29, 2008</u>
Attorney: Tamera M. Weissner (For: Anthony M. Insogna) Registration No. 47,856 (For: 35,203)	

This collection of information is required by 37 CFR 1.133. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time required to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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